

rash all the symptoms were subsiding and in the six months which have elapsed only an occasional transient stiffness in the fingers reminds the patient of the attack.

I am, Sirs, yours faithfully,

DAVID A. ALEXANDER, M.B. Vict.

Clifton, Bristol, Sept. 19th, 1907.

## METROPOLITAN STREET AMBULANCES.

To the Editors of THE LANCET.

SIRS,—After deliberation for over three years from the date (1904) of the influential deputation from the medical profession and others interested in promoting an efficient ambulance service for the streets and public places of London which waited upon its police committee, the City of London has succeeded in solving the difficulties connected with its own area and has established a service which, after over four months' trial, is universally pronounced to be a success. It is to be hoped that the metropolitan area will not be long in following suit in adequately dealing with the greatly increasing dangers of its streets. In addition to meeting its own requirements the City of London may be regarded as having provided an excellent object lesson for street ambulance administration.

Permit me now that this subject is still pressing to point to some circumstances which appear to have narrowed down almost to a multiplication sum—the requirements of an ambulance service for the streets as applicable to much larger areas of population than the City. Most prominent and essential amongst these conditions is the combination which the City of London has been able to organise—viz., police administration, first aid, telephonic communication, and hospitals, in addition to the most recent type of motor-ambulance. The public has yet to learn and appreciate more thoroughly than it does that the vehicle or conveyance used is only a single factor amongst several which make up an efficient ambulance service for street accident purposes. Without such a “combine,” irrespective of the mere number of ambulances available, experience shows that it is impossible to construct an emergency service where efficiency and cost have to be considered.

In the next place the City service has demonstrated (1) that a single motor-ambulance can cover for street ambulance purposes a much larger area than was previously supposed or than any single hospital in London, however large, requires, and (2) that it is capable of doing its work with a very small staff more rapidly and efficiently during the busiest part of the day than any number of cabs, hand-wheeled litters, and less suitable nondescript vehicles. This fact alone has an important bearing on cost when the number of motor-ambulances required for working a much larger district such as the accident area of the metropolis has to be computed. (3) In the City service the weight of expense in maintaining ambulances for public use in cases of accident requiring them does not fall upon the hospitals. Where a hospital, as, for instance, St. Bartholomew's, in the City service is selected, and consents to be an ambulance station having a definite area, the expense is limited to the institution finding standing room for the vehicle. These are, I believe, some points which serve to illustrate a principle to which prominence should be given in meeting the difficulties connected with the ambulancing of the metropolis generally.

I am, Sirs, yours faithfully,

REGINALD HARRISON,  
President of the Metropolitan Street  
Ambulance Association.

Lower Berkeley-street, W., Sept. 20th, 1907.

## MUCOUS COLITIS.

To the Editors of THE LANCET.

SIRS,—I am interested in the paper on Mucous Colitis and your editorial article thereon in THE LANCET of Sept. 21st, as a short time ago I had a letter from a patient who suffered very severely from pseudo-membranous colitis and on whom Mr. Skene Keith operated in June, 1894, by performing right inguinal colotomy and double oöphorectomy. This, I believe, was the first operation of the kind performed in the country and was prior to that performed by Mr. C. H. Golding-Bird on a case under the care of Dr. W. Hale White, to which you refer. In THE LANCET of March 2nd, 1895, p. 537, Dr. Hale White remarked, “It has been

suggested that in a very intractable case it might be justifiable to open the colon high up.” In the issue of the following week Mr. Keith announced that he had already performed such an operation with complete success in June, 1894. I fully published this case in the *Medical Press and Circular* of July 29th, 1896, and the present condition of the patient is, “Now I feel quite well again and very comfortable. I am perfectly well in regard to the old trouble; no hæmorrhage, and the bowels regular every day. I am a surprise to many people who knew me as I used to be in days gone by.”

I am, Sirs, yours faithfully,

J. CHRISTIAN SIMPSON, M.D. Edin.

Cambridge, Sept. 21st, 1907.

To the Editors of THE LANCET.

SIRS,—I think Dr. E. H. Harrisson makes a very important observation when he attributes the different characters of the mucus found in the stools to the period of time during which it has been retained in the bowel rather than to any difference in the colitis. No useful purpose is served by drawing a distinction between the different forms in which the mucus may be found, and such terms as membranous as opposed to mucous colitis are valueless. I am sorry to see, however, that in discussing the etiology he falls back upon the old view that mucous colitis is a primary neurosis. There is nothing but negative evidence to support this view, and the history of medical science has repeatedly proved such evidence to be valueless. As medical knowledge advances the tendency is to eliminate such vague causes for diseased conditions as neurosis. Where are all the “nervous dyspepsias” and “rectal neuralgias” which were so common in the older text books?

When no lesion is found in a case of mucous colitis is it not possible that we cannot find it, or that we are unable to recognise it when found, rather than that it does not exist? It is certain that a lesion of the bowel must have been present in many of Dr. Harrisson's cases, for in nearly half of them there was blood in the stools, and although piles may have accounted for this in some cases it can hardly have done so in all. Now blood in the stools is certain evidence of a lesion somewhere in the colon or rectum, since bleeding cannot occur from normal mucous membrane except in such grave constitutional conditions as hæmophilia and scurvy. Again, in over half the cases it is noted that there was tenderness over some portion of the colon, and tenderness, especially local tenderness, is evidence of a lesion of some kind in the bowel or neighbouring peritoneum.

One argument frequently used in favour of the neurotic theory is the preponderance of females among the collected cases. I think, however, this can be differently accounted for. It is frequently the secondary neurotic symptoms which first draw attention to the colitis, and women are more liable to become neurotic and to consult a doctor on account of vague symptoms than men. The fact that the cases seen in men are generally of a severe type also supports this explanation. The greater tendency to constipation and the liability to uterine disorders in women is also an important factor. I think it is much better and safer to look upon the condition called mucous colitis as a symptom rather than a disease and to direct our treatment towards finding and eradicating the cause. Even in the present state of our knowledge a definite lesion is often found which can be dealt with by surgical or other means.

I am, Sirs, yours faithfully,

P. LOCKHART MUMBERY.

Cavendish-place, W., Sept. 24th, 1907.

## ETHER INHALATION IN PULMONARY TUBERCULOSIS.

To the Editors of THE LANCET.

SIRS,—I am sorry that I did not make my suggestion in my letter to THE LANCET of Sept. 14th sufficiently clear and thereby I misled Dr. J. Blumfeld as to my views. I fully agree that anæsthesia for operations upon phthisical subjects is not desirable, but I was not referring to operations but medical treatment of phthisis. Nor did I intend to argue that since cases of tuberculous peritonitis have been benefited by abdominal section performed under ether, that that benefit was due to the ether. I simply suggested it was a possibility. Dr. Blumfeld says: “The latter drug (that is ether) is much more likely to increase the activity of an active, or arouse that of a latent,